

Form **990**

Department of the Treasury Internal Revenue Service

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

The organization may have to use a copy of this return to satisfy state reporting requirements.

OMB No. 1545-0047
2009
Open to Public
Inspection

<u>A</u>	For the	= 2009 calendar year, or tax year beginning $$ OCT 1 , $$ 2009 $$ and ending	SEP 30, 2010						
В	Check if applicabl	e: Please C Name of organization use IRS NATIONAL ASSOCIATION OF CHILD CARE	D Employer identifi	cation number					
	Addre chang	label or RESOURCE AND REFERRAL AGENCIES		•					
	Name chang	type	$ _{94-3}$	060756					
F	Initial return	See Number and street (or P.O. box if mail is not delivered to street address) Room/s							
	Termir ated			E Telephone number 703-341-4100					
	Amen	ded tions. City or town, state or country, and ZIP + 4	G Gross receipts \$	77,937,521.					
L	Applic	MADINGION, VA. 22201	H(a) Is this a group re						
	pendir	F Name and address of principal officer:LINDA K. SMITH	for affiliates?						
		SAME AS C ABOVE	H(b) Are all affiliates inc	cluded? Yes No					
		empt status: X 501(c) (3) ◀ (insert no.) 4947(a)(1) or 527	If "No," attach a	list. (see instructions)					
		te: WWW.NACCRRA.ORG	H(c) Group exemption						
		organization: X Corporation	Year of formation: 1987	M State of legal domicile: CA					
	art I	Summary							
Se	1	Briefly describe the organization's mission or most significant activities: PROMOTE	POLICIES AND						
Governance		PARTNERSHIPS TO ENSURE ACCESS TO QUALITY CHI							
Ver		Check this box if the organization discontinued its operations or disposed of	I .						
ၓ		Number of voting members of the governing body (Part VI, line 1a)	3	$\begin{array}{c c} & \underline{14} \\ & \underline{14} \end{array}$					
Activities &	5	Number of independent voting members of the governing body (Part VI, line 1b)	4	171					
itie	6	Total number of employees (Part V, line 2a) Total number of volunteers (estimate if necessary)	6	1/1					
cţi	7a	Total gross unrelated business revenue from Part VIII, column (C), line 12	7a	23,961.					
۷	ь	Net unrelated business taxable income from Form 990-T, line 34	7a	23,301.					
		The second secon	Prior Year	Current Year					
ø	8	Contributions and grants (Part VIII, line 1h)	5,219,569.	4,606,404.					
'n		Program service revenue (Part VIII, line 2g)	41,321,229.						
Revenue		Investment income (Part VIII, column (A), lines 3, 4, and 7d)	-120,082.	12,078.					
Œ	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		<u> </u>					
		Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	46,420,716.	77,722,226.					
		Grants and similar amounts paid (Part IX, column (A), lines 1·3)	26,009,091.	41,636,288.					
		Benefits paid to or for members (Part IX, column (A), line 4)							
ses	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	7,665,980.	9,276,086.					
Expenses	16a	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) Professional fundraising fees (Part IX, column (A), line 11e) Total fundraising expenses (Part IX, column (D), line 25)							
쏪	b	Total fundraising expenses (Part IX, column (D), line 25)							
_	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f)	12,109,246.	23,771,977.					
	18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	45,784,317.						
Or	19	Revenue less expenses. Subtract line 18 from line 12	636,399.	3,037,875.					
sts c	20	Total assets (Deat V. B. 140)	Beginning of Current Year	End of Year					
Assets Balanc	21	Total assets (Part X, line 16) Total liabilities (Part X, line 26)	14,203,535.	23,309,229.					
Net /	22	Net assets or fund balances. Subtract line 21 from line 20	11,413,612.	17,409,433.					
P	art II	Signature Block	2,109,343.	3,099,790.					
- 1339		Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statem and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.	ents, and to the best of my knowled	ge and belief, it is true, correct.					
		and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowl	edge.	, , , , , , , , , , , , , , , , , , , ,					
Sig	n		· .	,					
He	re	Signature of officer	Date						
		LINDA K. SMITH, EXECUTIVE DIRECTOR							
		Type or print name and title							
Pai	d	Preparer's Date		er's identifying number structions)					
	- parer's	Signature Firm's name (or TAME AND TRANSPORT	self- employed > (see in						
	Only	yours if TATE AND TRION	EIN ▶						
	•	self-employed), address, and 2021 L STREET, NW SUITE 400							
_		ZP+4 WASHINGTON, DC 20036	Phone no. ► (202) 293-2200					
Ma	y the if	RS discuss this return with the preparer shown above? (see instructions)		X Yes No					

ENT 8879-EO

IRS e-file Signature Authorization for an Exempt Organization

For calendar year 2009, or liscal year beginning $\overline{ ext{OCT}}$ 1, 2009, and ending $\overline{ ext{SEP}}$ 30

Do not send to the IRS. Keep for your records.

OMB No. 1545+1878

Department of the Treasury Internal Revenue Service

Name of exempt organization

► See Instructions.

Employer identification number

NATIONAL ASSOCIATION OF CHILD CARE RESOURCE AND REFERRAL AGENCIES

94-3060756

Name and title of officer

LINDA SMITH

EXECUTIVE DIREC

raiti	Ιype	o ne	tum an	a Return	morman	on (whole	3 Dollars	Only)		
Check the									e amount, if any,	from th
17									****	

he return. If you check the box on line 1a, 2a, 3a, 4a, or 5a, below, and the amount on that line for the return for which you are filing this form was blank, then leave line 1b, 2b, 3b, 4b, or 5b, whichever is applicable, blank (do not enter 0.). But, if you entered 0. on the return, then enter 0. on the applicable line below. Do not complete more than 1 line in Part I.

1a Form 990 check here 🕨 🗓 b Total revenue, if any (Form 990, Part VIII, column (A), line 12)	1b	77722226
2a Form 990-EZ check here b Total revenue, if any (Form 990-EZ, line 9)	2b	
3a Form 1120-POL check here b Total tax (Form 1120-POL, line 22)	3b	
4a Form 990-PF check here b Tax based on investment income (Form 990-PF, Part VI, line 5)	4b	
5a Form 8868 check here b Balance Due (Form 8868, line 3c)	5b	

Declaration and Signature Authorization of Officer

Under penalties of perjury, I declare that I am an officer of the above organization and that I have examined a copy of the organization's 2009 electronic return and accompanying schedules and statements and to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy of the organization's electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the organization's return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) an indication of any refund offset, (c) the reason for any delay in processing the return or refund, and (d) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an electronic funds withdrawal (direct debit) entry to the financial institution account Indicated in the tax preparation software for payment of the organization's federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I have selected a personal identification number (PIN) as my signature for the organization's electronic return and, If applicable, the organization's consent to electronic funds withdrawal.

Officer's PIN: check one box only

Officer's signature

X I authorize	TATE	AND	TRYON		to enter my PIN	22201
				ERO firm name		Enter five numbers, bu do not enter all zeros

as my signature on the organization's tax year 2009 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I also authorize the aforementioned ERO to enter my PIN on the return's disclosure consent screen.

•	
As an officer of the organization, I will enter my PIN as my signature on the continuous and a signature of the organization.	organization's tax year 2009 electronically filed return. If I have
indicated within this return that a copy of the return is being filed with a state	e agency(les) regulating charities as part of the IRS Fed/State
program, I will enter my PIN on the return's disclosure consent screen.	
ser's signature & Lina (C. Smuse	Date > 8-16-1/

Certification and Authentication Part III

ERO's EFIN/PIN. Enter your six-digit EFIN followed by your five-digit self-selected PIN.

52472820036 do not enter all zeros

I certify that the above numeric entry is my PIN, which is my signature on the 2009 electronically filed return for the organization indicated above. I confirm that I am submitting this return in accordance with the requirements of Pub. 4163, Modernized e File (MeF) Information for Authorized IRS e-file Providers for Business Returns.

ERO Must Retain This Form - See Instructions Do Not Submit This Form To the IRS Unless Requested To Do So

LHA For Paperwork Reduction Act Notice, see instructions. 923051 03-02-10

Form 8879-EO (2009)

Pa	Statement of Program Service Accomplishments
1	Briefly describe the organization's mission: PROMOTE POLICIES AND PARTNERSHIPS TO ENSURE ACCESS TO QUALITY CHILD
	CARE AND EARLY LEARNING SERVICES AND TO PROVIDE VISION, LEADERSHIP,
	AND SUPPORT TO THE NATIONWIDE NETWORK OF CHILD CARE RESOURCE AND
	REFERRAL AGENCIES.
2	Did the organization undertake any significant program services during the year which were not listed on
	the prior Form 990 or 990-EZ?
_	If "Yes," describe these new services on Schedule O.
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?
	If "Yes," describe these changes on Schedule O.
4	Describe the exempt purpose achievements for each of the organization's three largest program services by expenses.
	Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of grants and
	allocations to others, the total expenses, and revenue, if any, for each program service reported.
40	(0-4)/5 • 50102245 • 27012501
4a	
	FEE ASSISTANCE: NACCRRA WORKS WITH THE U.S. MILITARY SERVICES TO HELP THOSE WHO SERVE IN THE MILITARY FIND AND AFFORD CHILD CARE THAT SUITES
	THEIR UNIQUE NEEDS. THROUGH SEVERAL INNOVATIVE CIVILIAN/MILITARY
	EFFORTS BETWEEN THE SERVICES, NACCRRA AND CHILD CARE RESOURCE AND
	REFERRAL AGENCIES (CCR&RS) ARE BUILDING THE QUALITY AND CAPACITY OF
	CHILD CARE THROUGHOUT THE COUNTRY. DURING THE YEAR, NACCRRA SERVED
	25,263 CHILDREN IN MILITARY PROGRAMS NACCRRA ALSO PROVIDES CHILD CARE
	SUBSIDIES FOR MEMBERS OF THE AMERICORPS AND VISTA PRGRAMS THROUGHOUT
	THE UNITED STATES. NACCRRA SERVED 2,577 CHILDREN IN THE AMERICORPS AND
	VISTA PROGRAMS DURING THE YEAR.
4b	(Code:)(Expenses \$ 9,205,465. including grants of \$ 3,723,707.)(Revenue \$ 9,205,465.) RESPITE CARE: NACCRA RECRUITS, TRAINS, PROVIDES BACKGROUND CHECKS, AND
	MENTORS AGENCIES WHO PROVIDE CHILD CARE OF SPECIAL NEED CHILDREN OF
	MARINE CORPS AND NAVY FAMILIES. DURING THE YEAR, NACCRRA SERVED 2,133
	CHILDREN IN THE MARINE CORP AND NAVY RESPITE CARE PROGRAMS.
40	(Code:) (Expenses \$ 1,513,205 · including grants of \$) (Revenue \$ 929,556 ·)
	(Code:) (Expenses \$ 1,513,205. including grants of \$) (Revenue \$ 929,556.) E-LEARNING: NACCRRA'S E-LEARNING SOLUTION IS AN ONLINE LEARNING
	PLATFORM SYSTEM THAT INCLUDES TWO MAIN FUNCTIONS:
	MEETING SOLUTION AND TRAINING SOLUTION. THESE TOOLS PROVIDE A VARIETY
	OF TRAINING OPTIONS, INCLUDING SELF-PACED COURSES AND REAL-TIME,
	INSTRUCTOR-LED MEETINGS WHICH DELIVER ONGOING PROFESSIONAL DEVELOPMENT
	PROGRAMS.
	· ·
4d	Other program services. (Describe in Schedule O.)
	(Expenses \$ 4,400,516. including grants of \$) (Revenue \$ 3,403,372.)
<u>4e</u>	
932002	Form 990 (2009)

Part IV Checklist of Required Schedules

If Y'es, 'complete Schedule A 1 X 2 X 3 3 X 2 X 3 3 X 3 3 X 3 3 X 3 3				Yes	No				
2 X 1 is the organization required to complete Schedule B, Schedule of Contributors? 2 is the organization required to complete Schedule C, Part II 3	1		1	х					
3 X X Section 501(c)(4), 501(c)(5), and 501(c)(6) organization engage in lobbying activities? If "Yes," complete Schedule C, Part II	2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	Х					
4 Section 501(c)(4), 501(c)(5), and 501(c)(6), and 501(c)(6) organizations. Is the organization subject to the section 6033(e) notice and reporting requirement and proxy tax? If "Yes," complete Schedule C, Part III 5 Did the organization maintain any donor advised funds or any similar funds or accounts where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts If "Yes," complete Schedule D, Part II 7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part III 8 Did the organization report an amount in Part X, line 21; serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV 9 Did the organization, directly or through a related organization, hold assets in term, permanent, or quasiendowments? If "Yes," complete Schedule D, Part IV 10 Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part V, 11 Is the organization report an amount for investments - other securities in Part X, line 10? If "Yes," complete Schedule D, Part V, 11 Did the organization report an amount for investments - other securities in Part X, line 10? If "Yes," complete Schedule D, Part V, 12 Did the organization report an amount for other labilities in Part X, line 15? If "Yes," complete Schedule D, Part X. 13 Did the organization or sport an amount for other labilities in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part X. 14 Did the organization or sport an amount for other labilities in Part X, line 25? If "Yes," complete Schedule D, Part X. 15	3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for	3		х				
reporting requirement and proxy tax? If "Yes," complete Schedule C, Part III Did the organization maintain any donor advised funds or any similar funds or accounts where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part II Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part III Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III Did the organization report an amount in Part X, line 21; serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV Did the organization, directly or through a related organization, hold assets in term, permanent, or quasi-endowments? If "Yes," complete Schedule D, Part VI. Is the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VII. Did the organization report an amount for investments - other securities in Part X, line 10? If "Yes," complete Schedule D, Part VII. Did the organization report an amount for other assets in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII. Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII. Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part XII. Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 15	4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II	4	X					
6 Did the organization maintain any donor advised funds or any similar funds or accounts where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "yes," complete Schedule D, Part I Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II Bid the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part II Bid the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part IV Did the organization directly or through a related organization, hold assets in term, permanent, or quasi-endowments? If "Yes," complete Schedule D, Part V Is the organization, asswer to any of the following questions "Yes"? If so, complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI. Did the organization report an amount for investments - other securities in Part X, line 10? If "Yes," complete Schedule D, Part VII. Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII. Did the organization report an amount for other lashifities in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII. Did the organization report an amount for other lashifities in Part X, line 25? If "Yes," complete Schedule D, Part X, VIII, and XIII is optional is separate or consolidated financial statements for the tax year? If "Yes," complete Schedule D, Part X, VIII, and XIII is optional is the organization included in consolidated, independent audited	5	Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations. Is the organization subject to the section 6033(e) notice and reporting requirement and proxy tax? If "Yes," complete Schedule C, Part III	5	N/	а А				
provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part III 7 X X Bid the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III 8 X Bid the organization report an amount in Part X, line 21; serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV 9 X X 10 bid the organization, directly or through a related organization services? If "Yes," complete Schedule D, Part V 9 X 11 Is the organization's answer to any of the following questions "Yes"? If so, complete Schedule D, Part VI, VIII, VIII, IX, or X as applicable 10 bid the organization report an amount for investments - other securities in Part X, line 10? If "Yes," complete Schedule D, Part VI. 11 IX 11 IX 11 IX 12 III IX 12 III IX 13 III IX 14 III IX 15 III IX III IX 15 III IX IX	6								
the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II		provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		Х				
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III 9 Did the organization report an amount in Part X, line 21; serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV 9 X 10 Did the organization, directly or through a related organization, hold assets in term, permanent, or quasi-endowments? If "Yes," complete Schedule D, Part VI as the organization's answer to any of the following questions "Yes"? If so, complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable 10 Did the organization sensor an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VII. 11 Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII. 12 Did the organization report an amount for investments - other assets in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII. 13 Did the organization report an amount for other assets in Part X, line 15? If "Yes," complete Schedule D, Part VIII. 14 Did the organization report an amount for other liabilities in Part X, line 15? If "Yes," complete Schedule D, Part VIII. 15 Did the organization included in consolidated financial statements for the tax year? If "Yes," complete Schedule D, Part X, III as a set organization report an amount for other liabilities in Part X, line 15? If "Yes," complete Schedule D, Part X. 16 Did the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Part X, III as I	7	Did the organization receive or hold a conservation easement, including easements to preserve open space,							
Schedule D, Part III Did the organization report an amount in Part X, line 21; serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV Did the organization, directly or through a related organization, hold assets in term, permanent, or quasi-endowments? If "Yes," complete Schedule D, Part V 10		the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		X				
credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV 10 Did the organization, directly or through a related organization, hold assets in term, permanent, or quasi-endowments? If "Yes," complete Schedule D, Part V 11 Is the organization's answer to any of the following questions "Yes"? If so, complete Schedule D, Parts VI, VIII, IX, or X as applicable 11 Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI. 12 Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII. 13 Did the organization report an amount for other assets in Part X, line 15? If "Yes," complete Schedule D, Part VIII. 14 Did the organization report an amount for other liabilities in Part X, line 15? If "Yes," complete Schedule D, Part VIII. 15 Did the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Part XI, XII, and XIII. 15 Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the United States? If "Yes," complete Schedule F, Part II. 16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? If "Yes," complete Schedule F, Part III. 17 Did the organization proport on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? If "Yes," complete Schedule F, Part III.	8	Cabadula D. Dadill	8		х				
10 Did the organization, directly or through a related organization, hold assets in term, permanent, or quasi-endowments? If "Yes," complete Schedule D, Part V 11 Is the organization's answer to any of the following questions "Yes"? If so, complete Schedule D, Parts VI, VIII, VIII, VIX, or X as applicable 11 Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI. 11 Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII. 12 Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII. 13 Did the organization report an amount for other liabilities in Part X, line 15? If "Yes," complete Schedule D, Part X. 14 Did the organization included in consolidated financial statements for the tax year? If "Yes," complete Schedule D, Part X. 15 Did the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	9	Did the organization report an amount in Part X, line 21; serve as a custodian for amounts not listed in Part X; or provide							
If "Yes," complete Schedule D, Part V 10		credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV	9		X				
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located outside the United States? If "Yes," complete Schedule F, Part III	16		-:0		 				
			16		Х				
17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX.	17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,							
column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I			17		X				
18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines	18								
1c and 8a? If "Yes," complete Schedule G, Part II			18		X				
19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"	19								
complete Schedule G, Part III		complete Schedule G, Part III	19	<u> </u>					
20 Did the organization operate one or more hospitals? If: "Yes," complete Schedule H	20	Did the organization operate one or more hospitals? If: "Yes," complete Schedule H	20		X				

Part IV Checklist of Required Schedules (continued)

21	. Did the organization report more than \$5,000 of grants and other assistance to governments and organizations in the		Yes	No
	United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		Х
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX,		х	
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current	22		
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23	х	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No", go to line 25	24a		х
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
ام	any tax-exempt bonds?	24c		
25a	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d	<u> </u>	
	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		х
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I			37
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified	25b	<u> </u>	X
	person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II	26		х
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial	120	 	
	contributor, or a grant selection committee member, or to a person related to such an individual? If "Yes," complete			х
28	Schedule L, Part III Was the organization a party to a business transaction with one of the following parties, (see Schedule L, Part IV	27	3.00 (A	_ A
	instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		Х
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		Х
С	An entity of which a current or former officer, director, trustee, or key employee of the organization (or a family member) was			
	an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	30		Х
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		Х
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete		-	
33	Schedule N, Part II Did the organization own 100% of an entity disregarded as separate from the organization under Regulations	32	-	X
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		х
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1	34		х
35	is any related organization a controlled entity within the meaning of section 512(b)(13)?			 -
	If "Yes," complete Schedule R, Part V, line 2	35	1	х
36	Section 50 ((c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			\Box
	If "Yes," complete Schedule R, Part V, line 2	36		Х
37	the organization conduct more than 5% of its activities through an entity that is not a related organization			
20	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19?		١	
	Note. All Form 990 filers are required to complete Schedule O.	38	X	

Form **990** (2009)

94-3060756

RESOURCE AND REFERRAL AGENCIES

Part V Statements Regarding Other IRS Filings and Tax Compliance Yes No 1a Enter the number reported in Box 3 of Form 1096, Annual Summary and Transmittal of U.S. Information Returns. Enter -0- if not applicable 6947 1a b Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners? X 1c 2a Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, 171 filed for the calendar year ending with or within the year covered by this return 2a b If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Х 2b Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return. (see instructions) 3a Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return? X За b If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O 3b 4a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)? X 4a b If "Yes," enter the name of the foreign country: See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts. 5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? Х 5a X b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? 5h c If "Yes," to line 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding Prohibited Tax Shelter Transaction? 6a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit X any contributions that were not tax deductible? b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? Organizations that may receive deductible contributions under section 170(c). a Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services Х provided to the payor? 7a b If "Yes," did the organization notify the donor of the value of the goods or services provided? 7b c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required Х to file Form 8282? 7c d If "Yes," indicate the number of Forms 8282-filed during the year 7d e Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal Х benefit contract? 7e X f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? 7f Х 7g g For all contributions of qualified intellectual property, did the organization file Form 8899 as required? $\overline{\mathbf{x}}$ 7h h For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as required? Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings N/A at any time during the year? 8 9 Sponsoring organizations maintaining donor advised funds. a Did the organization make any taxable distributions under section 4966? N/A 9a b Did the organization make a distribution to a donor, donor advisor, or related person? N/A 9b 10 Section 501(c)(7) organizations. Enter: a Initiation fees and capital contributions included on Part VIII, line 12 N/A 10a b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 11 Section 501(c)(12) organizations. Enter: a Gross income from members or shareholders N/A 11a b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)

Form 990 (2009)

12a

12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?

b If "Yes," enter the amount of tax-exempt interest received or accrued during the year

94-3060756

Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.

Sec	tion A. Governing Body and Management				
				Yes	No
1a	Enter the number of voting members of the governing body	1	14		
b	Enter the number of voting members that are independent 1b	1	14		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other	er		- X - 4	
	officer, director, trustee, or key employee?		2		X
3	Did the organization delegate control over management duties customarily performed by or under the direct superv	ision			
	of officers, directors or trustees, or key employees to a management company or other person?		3		Х
4	Did the organization make any significant changes to its organizational documents since the prior Form 990 was file	ed?	4	Х	
. 5	Did the organization become aware during the year of a material diversion of the organization's assets?				X
6	Does the organization have members or stockholders?		6	Х	
7a	Does the organization have members, stockholders, or other persons who may elect one or more members of the				
	governing body?		7a	Х	
b	Are any decisions of the governing body subject to approval by members, stockholders, or other persons?		7b	X	
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year				Lacid S
	by the following:				
а	The governing body?		8a	X	12 SCC 324
b	Each committee with authority to act on behalf of the governing body?			X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the		.		
	organization's mailing address? If "Yes," provide the names and addresses in Schedule O		9	х	
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)]		<u> </u>
				Yes	No
10a	Does the organization have local chapters, branches, or affiliates?		10a	100	X
b	If "Yes," does the organization have written policies and procedures governing the activities of such chapters, affilia	 ates			
	and branches to ensure their operations are consistent with those of the organization?		10b		
11	Has the organization provided a copy of this Form 990 to all members of its governing body before filing the form?	••••••	11	X	
11A	Describe in Schedule O the process, if any, used by the organization to review this Form 990.				
12a			12a	X	
b	Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise	•••••	120		
	to conflicts?		12b	Х	
С	Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe	 1	125		
	in Schedule O how this is done		12c	Х	
13	Dogs the organization have a written which help and a line of			X	
14	Door the appoint in hour position have			X	├
15	Did the process for determining compensation of the following persons include a review and approval by independing		14	41	1,20,000
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?	ant			
а	The organization's CEO, Executive Director, or top management official		45-	X	62866.2
b	Other officers or key employees of the organization	•••••		X	├
-	If "Yes" to line 15a or 15b, describe the process in Schedule O. (See instructions.)		15b	Λ	21 4090000
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a				
	tavable potitive device at the constant		40	XXXX	
h	If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its partici		16a	i inggita w	X
_	in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization's	pation			
	exempt status with respect to such arrangements?				
Sec	tion C. Disclosure		16b	<u> </u>	l
17	List the states with which a copy of this Form 990 is required to be filed ▶CA			_	
18					
. •	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s on public inspection. Indicate how you make these available. Check all that apply.	ıy) availal	ble for		
	Own website Another's website X Upon request				
19					
	Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interestatements available to the public.	st policy	, and fina	ncial	
20	·				
_0	State the name, physical address, and telephone number of the person who possesses the books and records of the MIKE $NOSIL - 703-341-4150$	ne organ	ization:	-	
	1515 N. COURTHOUSE RD, 11TH FLOOR, ARLINGTON, VA 22201			000	(0.0.5
			Гана	LACACA .	11000°

Form **990** (2009)

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Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year. Use Schedule J-2 if additional space is needed.
- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter 0 in columns (D), (E), and (F) if no compensation was paid.
 - List all of the organization's current key employees. See instructions for definition of "key employee."
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

List persons in the following order: individual trustees or directors; institutional trustees; officers; key employees; highest compensated employees; and former such persons.

(A)	ompensate an (B)			(0	C)			(D)	(E) ⁻	(F)
Name and Title	Average	١,,		Pos				Reportable	Reportable	Estimated
	hours per week	ndividual trustee or director	nstitutional trustee	call 1		Highest compensated Compensate		compensation from the organization (W-2/1099-MISC)	compensation from related organizations (W-2/1099-MISC)	amount of other compensation from the organization and related organizations
LEADELL EDIGER		<u> </u>	F	<u> </u>	_					
PRESIDENT	2.00	x		x				0.	0.	0
MICHAEL OLENICK			\vdash	-		-				
VICE PRESIDENT	2.00	х	,					0.	0.	0
RALPH PARROTT				_						
TREASURER	2.00	х		Х				0.	0.	0
JERRY CROAN										
SECRETARY	2.00	X		Х				0.	, 0.	0
RHONDA CARLOSS SMITH	_									
DIRECTOR	2.00	X						0.	0.	0
CHRIS DECESARIS						ļ				_
DIRECTOR	2.00	Х						0.	0.	0
MARTY ELQUIST	2 00							_		
DIRECTOR WALTER S. GILLIAM	2.00	X	-		_			0.	0.	0
DIRECTOR	2.00	х						0.	0.	,
LARRY GLASCO	2.00	^	_			⊢	\vdash	0.	0.	C
DIRECTOR	2.00	x						0.	0.	l c
JUDITH MATARAZZO	2.00	₽			\vdash	┢		0.		<u>_</u>
DIRECTOR	2.00	x	1					0.	0.	c
LINDA REINICKE	2.00		 	-	 		\vdash	<u> </u>	•	
DIRECTOR	2.00	x	1			Ì		0.	٥.	C
TOM ROGERS, CPA		T		一	<u> </u>		T			
DIRECTOR	2.00	X		ļ			İ	0.	0.	(
SHIRLEY SAGAWA			<u> </u>	1		au			,	
DIRECTOR	2.00	X						0.	0.	(
L. CAROL SCOTT		Π	П							Ì
DIRECTOR	2.00	Х			L			0.	0.	(
LINDA SMITH		1							_	
EXECUTIVE DIRECTOR	40.00			X				245,456.	0.	17,574
MIKE NOSIL	40.00	1			1			100 050		10.55
CHIEF FINANCIAL OFFICER	40.00	-	-	X	\vdash	1	<u> </u>	129,053.	0.	12,950
OLLIE SMITH	40.00			1		x		126 561	,	12 414
CHIEF OF NATIONAL PROGRA	40.00		<u></u>	<u> </u>		ΙΛ		126,561.	0.	13,41

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(C)

(D)

(B)

(A)

(E)

(F)

Name and title	Average hours	Position (check all that apply)						Reportable Reportable compensation compensation					
	per week	Individual trustee or director	Institutional trustee		oyee	Highest compensated employee		from the organization (W-2/1099-MISC)	from related organization (W-2/1099-MIS	s	com fr org	other pensa om the anizat	e ion
		alividua	stitution	Officer	Key employee	ighest comployee	Former					d relat anizati	
SUSAN PERRY-MANNING		=	=	-	×	Ξ.	<u> </u>						
DEPUTY EXECUTIVE DIRECTO	40.00					Х		121,007.		0.	1	0,0	23.
PAULA DAVIS	40.00							116 501					
CHIEF OPERATING OFFICER J. ALBRIGHT	40.00	-	⊢	-	_	Х	-	116,531.	7-2	0.	1	1,3	34.
CHIEF OF INFORMATION TEC	40.00				1	x		106,252.	,	0.	1	0,3	15.
GRACE REEF		\vdash	 	<u> </u>			┢	100/2321				0,3	
CHIEF OF POLICY	40.00					Х		102,993.		0.	1	1,6	29.
	,												
		_	⊢	-	-								
						\vdash	 				l	w	
							L						
·											ŀ		
		_	⊢		⊢	-	╂—						
			T										
				L									
1b Total					<u></u>	<u> </u>		947,853.		0.	8	7,2	44.
 Total number of individuals (including but n compensation from the organization 	ot limited to th	ose	liste	ed al	bove	e) wi	ho re	eceived more than \$100	,000 in reportabl	le			7
compensation from the organization												Yes	No
3 Did the organization list any former officer,	director or tru	stee	, ke	y em	nplo	yee,	or h	nighest compensated er	nployee on				
line 1a? If "Yes," complete Schedule J for s	uch individual										3		X
4 For any individual listed on line 1a, is the su	m of reportab	le co	omp	ensa	atior	and	d oth	ner compensation from	the organization				
and related organizations greater than \$150Did any person listed on line 1a receive or a),000? If "Yes,	" co	mpl	ete S	Sche	edule	e J f	or such individual			4	X	-220000
the organization? If "Yes," complete Sched	ule J for such	nsai ners	ion i					ed organization for serv			5		Х
Section B. Independent Contractors													
1 Complete this table for your five highest co	mpensated in	depe	ende	ent c	onti	racto	ors t	hat received more than	\$100,000 of con	npens	ation	from	
the organization.													
(A) Name and business address								(B) Description of s	envices	_)) ompe	C) neatio	n
THE CONSULTATIONS CONSORTIUM , 1099 N								Decemplian or e			- Citipo	noutio	
MERIDIAN ST SUITE 910, INDIANAPOLIS, IN								SOFTWARE DEV	ELOPMENT	2	,06	1,6	94.
ROCS COLLEGE STUDENT STAF											*		
LAKES COURT SUITE 175, FA		V	A :	220) 3 :	3	$\overline{}$	TEMPORARY ST		1	,45	4,9	02.
P.O. BOX 2152, DUNCAN, OF								ONLINE LEARN DEVELOPMENT	ING	1	2.4	2 4	0.0
CARE.COM	. , , , , , , 4							2EAETO EMENT			,34	4,4	<i>yy</i> .
1400 MAIN STREET, WALTHAM	1, MA 02	245	51				5	SOFTWARE DEV	ELOPMENT	1	, 24	8,0	85.
BUSINESS INTEGRA 7229 HZ	MOVED	ז עו כ	ATV	CT	TTC	117							

11

Total number of independent contractors (including but not limited to those listed above) who received more than

D, GREENBELT, MD 20770

\$100,000 in compensation from the organization

TEMPORARY STAFFING

Pa	irt VIII	Statement of Reven	ue					<u> </u>
					(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
ints		. •	1a					
grants		Membership dues						
gifts, ç lar am		Fundraising events		9,600.		Anna ann an Aire		
		Related organizations		3301243.				
sin		Government grants (contributions		3301243.				
orti	ī	All other contributions, gifts, grant	· 1 1	1295561.				British Commence
Contributions, and other simi		similar amounts not included abov		1293301.				
ä	-	Noncash contributions included in lines Total. Add lines 1a-1f			4606404.			
		Total. Aud lines 1a-11		Business Code	4000404.			
o	2 a	FEES AND CONTRA	CTS FRO	900099	70,946,696.	70,946,696.		
Program Service Revenue		NACCRRAWARE	OID INO	900099	853,711.			
Ser		MEMBERSHIP DUES		900099	405,413.		3,811.	
am	_	OTHER OTHER		900099	378,446.	378,446.	5,0220	
ğœ		QUALITY ASSURAN	CE	900099	268,035.			
ď	1	All other program service rever			251,443.	231,293.	20,150.	
		Total. Add lines 2a-2f			73,103,744.	The second secon		
	3	Investment income (including					-	
		other similar amounts)			7,615.			7,615.
	4	Income from investment of tax						
	5	Royalties				·		
			(i) Real	(ii) Personal				
	6 a	Gross Rents						
	b	Less: rental expenses						
	С	Rental income or (loss)		<u> </u>				
	d	Net rental income or (loss)		>				
	7 a	Gross amount from sales of	(i) Securities	(ii) Other				
		assets other than inventory	219758.					
	b	Less: cost or other basis	215205]				
		and sales expenses	215295.					
	C	Gain or (loss)	4,463.	L	4,463.			4,463.
		Net gain or (loss)		······	4,403.	0.515.515.615.59.00.446.646.69.88	S88 000 X 52 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	4,403.
ĭle	Ва	Gross income from fundraising	•					
3evenue		including \$	of			1000		
_		contributions reported on line Part IV, line 18	•			100000000000000000000000000000000000000		1
Other	h	Part IV, line 18 Less: direct expenses						
ō		Net income or (loss) from fund				A Pala Salaman da Araba (1988)		
		Gross income from gaming ac						
		Part IV, line 19						
	ь							
	C	Net income or (loss) from gam	ning activities				200000000000000000000000000000000000000	
	10 a	Gross sales of inventory, less				100000000000000000000000000000000000000		
		and allowances	а					
	b	Less: cost of goods sold						
		Net income or (loss) from sale		>				
		Miscellaneous Revenu	ie	Business Code				
	11 a		-					
	b					********		
	c					<u> </u>	<u> </u>	ļ
	d	***************************************						
		Total. Add lines 11a-11d		>		72.000	1 22 061	10 070
932	12 009	Total revenue. See instructions.		<u> </u>	77,722,226	. 73,079,783	. 23,961	12,078.

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns.

Do	All other organizations must comp not include amounts reported on lines 6b,	(A)	e not required to compl	ete columns (B), (C), an (C)	(D).
7b,	8b, 9b, and 10b of Part VIII.	Total expenses	Program service expenses	Management and general expenses	Fundraising expenses
1	Grants and other assistance to governments and organizations in the U.S. See Part IV, line 21				
2	Grants and other assistance to individuals in the U.S. See Part IV, line 22	41,636,288.	41,636,288.		
3	Grants and other assistance to governments, organizations, and individuals outside the U.S. See Part IV, lines 15 and 16			THE PERSON OF TH	
4	Benefits paid to or for members		7	198	
5	Compensation of current officers, directors, trustees, and key employees	958,470.	285,025.	654,151.	19,294.
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7	Other salaries and wages	6,620,411.	5,522,232.	1,047,029.	51,150.
. 8	Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	374,276.	247,335.	126,941.	
9	Other employee benefits	765,778.	506,053.		
10	Payroll taxes	557,151.	368,183.	175,338.	13,630.
11	Fees for services (non-employees):		-		
	Management				
	Legal	32,777.	2,110.	30,667.	
C	Accounting	29,796.	9,071.	20,725.	
	Lobbying Professional fundaciona coming Co. D. d. N. F. d. 77		28 M22 8		
	Professional fundraising services. See Part IV, line 17	8,284.		0.004	
f	Investment management fees	2,976,834.	2 605 944	8,284.	7 533
9 12	OtherAdvertising and promotion	184,600.	2,605,844. 45,390.	363,457. 139,210.	7,533.
13	Office expenses	450,692.	321,412.	128,479.	801.
14	Information technology	6,460,485.	6,162,427.	298,058.	001.
15	Royalties	0,100,103.	0,102,427.	230,030.	
16	Occupancy	1,115,239.	756,222.	354,145.	4,872.
17	Travel	517,439.	482,184.	34,230.	1,025.
18	Payments of travel or entertainment expenses			31,2301	1,023.
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	185,389.	143,023.	42,366.	
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	49,578.		49,578.	
23	Insurance	81,748.	64,788.	16,960.	
24	Other expenses. Itemize expenses not covered above. (Expenses grouped together and labeled miscellaneous may not exceed 5% of total expenses shown on line 25 below.)				
а	CCR&R PAYMENTS	10,761,971.	10,761,971.		
b	PROPERTY & EQUIPMENT	464,808.	208,528.	256,249.	31.
C	INDIRECT COSTS	0.	2,859,702.	-2,903,450.	43,748.
ď	PRINTING	164,723.	134,718.	26,124.	3,881.
e	PROFESSIONAL DEVELOPMEN	54,304.	39,589.	14,715.	4.0.40
f 25	All other expenses	233,310.	60,336.	162,477.	10,497.
26	Joint costs. Check here if following	74,684,351.	73,222,431.	1,305,458.	156,462.
	SOP 98-2. Complete this line only if the organization				
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation				
022010	02-04-10				F 000 (0000)

Form 990 (2009)
Part X Balance Sheet

144	IL A	Balance Sneet			(4)		T (C)
					(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing			300.	1	501.
	2	Savings and temporary cash investments			6,609,367.	2	10,509,351.
	3	Pledges and grants receivable, net				3	
	4	Accounts receivable, net			6,419,085.	4	11,297,725.
	5	Receivables from current and former officers, di				4.3	
	l	employees, and highest compensated employe	es. Com	plete Part II			
		of Schedule L		******************************		5	
	6	Receivables from other disqualified persons (as					
		4958(f)(1)) and persons described in section 495	**		\$ 1.00 m		
		Part II of Schedule L				6	
sts	7	Notes and loans receivable, net		7			
Assets	8	Inventories for sale or use				8	
⋖	9	Droppid are seen and deferred describe		••••••	233,948.	9	283,891.
	10a	Land, buildings, and equipment: cost or other					
		basis. Complete Part VI of Schedule D	10a	1,067,058.			
	b	Less: accumulated depreciation		705,380.	154,992.	10c	361,678.
	11	Investments - publicly traded securities				11	
	12	Investments - other securities. See Part IV, line			785,843.	12	856,083.
	13	Investments - program-related. See Part IV, line				13	
	14	Intangible assets	•••••			14	
	15	Other assets. See Part IV, line 11				15	
	16	Total assets. Add lines 1 through 15 (must equ	al line 34	l)	14,203,535.	16	23,309,229.
	17	Accounts payable and accrued expenses			6,322,139.	17	8,860,765.
	18	Grants payable			4 000 504	18	F 605 450
	19	Deferred revenue			4,883,534.	19	7,695,470.
	20	Tax-exempt bond liabilities				20	
Liabilities	21	Escrow or custodial account liability. Complete		***************************************	Cont. Co. of the children in the Cont. Co. of the children in the Co. of the children in the Co. of	21	
iit	22	Payables to current and former officers, director					
Ë		highest compensated employees, and disqualifi	ed perso	ons. Complete Part II			
		of Schedule L				22	
	23	Secured mortgages and notes payable to unrela				23	
	24	Unsecured notes and loans payable to unrelate			207,939.	24	853,198.
	25	Other liabilities. Complete Part X of Schedule D	•••••		11,413,612.	25	17,409,433.
	26	Total liabilities. Add lines 17 through 25 Organizations that follow SFAS 117, check he		Y and asserted	11,410,012.	26	11,403,433.
"			ere 📂	LAL and complete			
alances	07	lines 27 through 29, and lines 33 and 34.			2,762,133.	27	5,872,006.
lar.	27	Unrestricted net assets Temporarily restricted net assets			27,790.	28	
B	29			·······	21,150	29	27,750.
Š	23	Permanently restricted net assets Organizations that do not follow SFAS 117, c	re Dand		29		
Ē		complete lines 30 through 34.	neck ne	anu anu			
ts c	30	· · · · · · · · · · · · · · · · · · ·				20	
Net Assets or Fund Ba	31	Capital stock or trust principal, or current funds Paid-in or capital surplus, or land, building, or ea				30	-
ţ	32	Retained earnings, endowment, accumulated in				32	
Š	33	Total net assets or fund balances			2,789,923		F 000 F0C
	34	Total liabilities and net assets/fund balances			14,203,535		
	1 57	Total nabilities and not assets/fully baldifices .		***************************************		1 04	Form 990 (2000)

Form **990** (2009)

Form **990** (2009)

Form 990 (2009)

Part XI Financial Statements and Reporting Yes 1 Accounting method used to prepare the Form 990: Cash X Accrual Other If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O. 2a Were the organization's financial statements compiled or reviewed by an independent accountant? 2a b Were the organization's financial statements audited by an independent accountant? X 2b c If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? X 2c If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O. d If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued on a consolidated basis, separate basis, or both: X Separate basis Consolidated basis Both consolidated and separate basis 3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133? Х За b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit Х or audits, explain why in Schedule O and describe any steps taken to undergo such audits.

932012 02-04-10

SCHEDULE A

Department of the Treasury Internal Revenue Service

(Form 990 or 990-EZ)

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

➤ Attach to Form 990 or Form 990-EZ. ➤ See separate instructions.

OMB No. 1545-0047

2009

Open to Public
Inspection

Name of the organization

NATIONAL ASSOCIATION OF CHILD CARE RESOURCE AND REFERRAL AGENCIES

Employer identification number 94-3060756

Part I	Reason t	or Public Chari	ty Status (All organiz	ations mus	t complet	e this part	.) See inst	ructions.				
The organ			ecause it is: (For lines 1									
1			, or association of churc									
2			D(b)(1)(A)(ii). (Attach Scl				N - N - N - N - N					
з 🗔			al service organization of	•	section	170/h)/1\/	Δ\fiii\					
4			perated in conjunction					hV1VAViii) Enter th	a haenital'	e name	
	city, and state		porated in conjunction	with a riosp	ntar acscr	ibed iii se		υ χ ιχ α χ	j. Litter tir	e Hospital	s name,	
5	,,		penefit of a college or ur	aivoroitu ou	mad ar an	aratad bu	C 001/0400	aantal unit	م ماناه م	4 1		
ч			_	iiversity ow	med or op	erated by	a governii	nernai unii	described			
6		b)(1)(A)(iv). (Comple	•			.===						
7 X		-	ent or governmental unit									
7 X			eives a substantial part	of its suppo	ort from a	governme	ntal unit o	r from the	general pu	ublic desci	ribed in	
. —	-	o)(1)(A)(vi). (Complet	•				,					
8			ection 170(b)(1)(A)(vi). (
9 📖	An organization	on that normally rece	eives: (1) more than 33 1	1/3% of its	support fr	om contril	outions, m	embership	fees, and	gross rec	eipts fro	om
	activities relat	ed to its exempt fun	ctions - subject to certa	iin exceptic	ns, and (2	?) no more	than 33 1	/3% of its	support fr	om gross	investm	ent
	income and u	nrelated business ta	xable income (less sect	ion 511 tax	d) from bus	sinesses a	cquired by	y the orgai	nization af	ter June 3	0, 1975.	
	See section 5	509(a)(2). (Complete	Part III.)									
10 🖳	An organization	on organized and op	erated exclusively to te	st for public	safety. S	ee sectio	n 509(a)(4	.).				
11 🔲	An organization	on organized and op	erated exclusively for th	ne benefit c	f, to perfo	rm the fur	ctions of,	or to carry	out the p	urposes o	f one or	
	more publicly	supported organization	tions described in secti	on 509(a)(1) or sectio	n 509(a)(2). See sec	tion 509(a	ı)(3). Ched	k the box	that	
	describes the	type of supporting	organization and compl	ete lines 11	e through	11h.						
	a Type i	b] Type II 💢 🐧	: 🔲 Туре	III - Func	tionally int	egrated		d 🔲	Type III - C	ther	
е 🔙	By checking t	his box, I certify that	the organization is not	controlled	directly or	indirectly	by one or	more disc	qualified p	ersons oth	er than	
	foundation ma	anagers and other th	nan one or more publicly	supported	d organiza	tions desc	ribed in s	ection 509	(a)(1) or se	ection 509	(a)(2).	
f	If the organiza	ation received a writt	en determination from t	the IRS tha	t it is a Ty	pe I, Type	II, or Type	111				
	_	ganization, check th			-		•					
g		•	rganization accepted ar						ons?			
Ť	-		rectly controls, either al			•		• •			Yes	No
		•	pported organization?	-					•	11g(i)		
			described in (i) above?									
			person described in (i) of								 -	
h			about the supported or							119(11)	L L	
"	r rovide trie it	nowing intormation	about the supported on	yarıızatıdı	5).							
423.81			(iii) Type of	(iv) Is the o	rannization	(v) Did vo	notify the	(vi) ls	the			
	e of supported	(ii) EIN	organization	in col. (i) lis	_			Lorganizátic	n in col I		nount of	
ory	anization	ļ	(described on lines 1-9	governing of				(i) organiz U.S	ea in the l	Sup	port	
			above or IRC section (see instructions))	Yes	No	Yes	No	Yes	No			
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LHA For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

Schedule A (Form 990 or 990-EZ) 2009

932021 02-08-10

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

(Complete only if you checked the box on line 5, 7, or 8 of Part I.)

Calendar year (or fiscal year beginning in)	Sec	ction A. Public Support		, ,				
I Giffs, grants, contributions, and membership feets received. (Do not include any "unusual grants.") 2 Tax revenues levied for the organization include any "unusual grants.") 5 The value of services or facilities furnished by a governmental unit to the organization is benefit and either paid to or expended on its behalf 3 The value of services or facilities furnished by a governmental unit to the organization without charge 4 Total. Add lines 1 through 3 5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount above on the 11 th and a governmental unit or publicly supported organization included on line 1 that exceeds 2% of the amount above on the 11 th column (f) 6 Public support, subrear line is seen the 4 8 Gross income from interest, dividendis, payments received on securities loans, rents, royalties and income from similar sources 9 Net necome from unrelated business activities, whether on on the business is regularly carried on 10 Other income. Do not include grant or loss from the sale of capital assets (Explain in Part IV) 11 Total support the sale of capital assets (Explain in Part IV) 17 Total support becarding for 2009 (file 6, column (f) divided by line 11, column (f)) 6 (Gross raceipts from related activities, etc. (see instructions) 12 (Gross raceipts from related activities, etc. (see instructions) 12 (Total support) the disease of proper percentage from 2008 Schedule A, Part II, line 14 18 Public support percentage for 2009 (file 6, column (f) divided by line 11, column (f)) 19 Public support percentage from 2008 Schedule A, Part II, line 14 19 Public support percentage from 2008 Schedule A, Part II, line 14 19 Public support percentage from 2008 Schedule A, Part II, line 14 19 Public support percentage from 2008 Schedule A, Part II, line 14 19 Public support percentage from 2008 Schedule A, Part II, line 14 19 Public support percentage from 2008 Schedule A, Part			(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
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2 Tax revenues levied for the organization benefit and either paid to or expended on its behalf and either paid to or expended on its behalf and either paid to or expended on its behalf and either paid to the organization without charge furnished by a governmental unit to the organization without charge and the paid of the paid		•	6,356,500.	8,195,761.	9,875,617.	5,201,651.	4,606,404.	34,235,933.
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3 The value of services or facilities furnished by a governmental unit to the organization without charge 4 Total. Add lines 1 through 3 5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f) 6 Public support, susract line's two five 4. 8 Public support susract line's two five 4. 9 Public support susract line's two five 5. 10 Public support susract line's two five 6. 10 Public support susract line's two five 6. 10 Public support percentage from 2008 Schedule A, Part II, line 14 10 Public support percentage from 2008 Schedule A, Part II, line 14 10 Public support percentage from 2008 Schedule A, Part II, line 14 10 Public support percentage from 2008 Schedule A, Part II, line 14 10 Public support percentage from 200								
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Sch	edule A (Form 990 or 990-EZ) 2009 rt III Support Schedule for C	Organizations	Described in	Section 509(a	(2) (Complete only	if you checked the h	Page 3
Sec	tion A. Public Support				7 (Complete only	ii you oncored the t	oox on line 3 or r are i. j
_	ndar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
	Gifts, grants, contributions, and	(5) 2555	(5) 2000	(0) 2001	(4) 2000	(6) 2000	(i) Total
	membership fees received. (Do not						
	include any "unusual grants.")						
2	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3	Gross receipts from activities that						
	are not an unrelated trade or bus- iness under section 513			,			
4	Tax revenues levied for the organ- ization's benefit and either paid to or expended on its behalf						
5	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge			ļ			
6	Total. Add lines 1 through 5						
	Amounts included on lines 1, 2, and						
	3 received from disqualified persons						
b	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c	Add lines 7a and 7b					}	
	Public support (Subtract line 7c from line 6.)				3 1/2		*
	tion B. Total Support	• • • • • • • • • • • • • • • • • • • •			1	1	<u>*I</u>
Cale		(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
	endar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
9	Amounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
9 10a	Amounts from line 6 Gross income from interest, dividends, payments received on	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
9 10a	Amounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	(a) 2005		(c) 2007	(d) 2008	(e) 2009	(f) Total
9 10a	Amounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources Unrelated business taxable income	(a) 2005		(c) 2007	(d) 2008	(e) 2009	(f) Total
9 10a	Amounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses	(a) 2005		(c) 2007	(d) 2008	(e) 2009	(f) Total
9 10a b	Amounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources. Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b Net income from unrelated business activities not included in line 10b, whether or not the business is	(a) 2005		(c) 2007	(d) 2008	(e) 2009	(f) Total
9 10a b	Amounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on Other income. Do not include gain or loss from the sale of capital	(a) 2005		(c) 2007	(d) 2008	(e) 2009	(f) Total
9 10a b	Amounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on Other income. Do not include gain	(a) 2005		(c) 2007	(d) 2008	(e) 2009	(f) Total
9 10a 5 11	Amounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources. Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
9 10a 5 11	Amounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.) Total support (Add lines 9, 10c, 11, and 12.) First five years. If the Form 990 is fo	r the organization	s first, second, th	ird, fourth, or fifth		on 501(c)(3) organ	nization,
9 10a b c 11 12 13 14	Amounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.) Total support (Add lines 9, 10c, 11, and 12.) First five years. If the Form 990 is fo	r the organization	s first, second, th	ird, fourth, or fifth	tax year as a secti	on 501(c)(3) organ	nization,
9 10a b 11 12 13 14 Se	Amounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources. Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.) Total support (Add lines 9, 10c, 11, and 12.) First five years. If the Form 990 is fo check this box and stop here	r the organization	s first, second, th	ird, fourth, or fifth	tax year as a secti	on 501(c)(3) organ	nization,
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9 10a b 11 12 13 14 See 15 16	Amounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.) Total support (Add lines 9, 10c, 11, and 12.) First five years. If the Form 990 is fo check this box and stop here	r the organization lic Support Pe (line 8, column (f) of 8 Schedule A, Par	s first, second, the ercentage divided by line 13, t III, line 15	ird, fourth, or fifth	tax year as a secti	on 501(c)(3) organ	nization,
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Schedule B

(Form 990, 990-EZ, or 990-PF)

Department of the Treasury Internal Revenue Service

Name of the organization

Schedule of Contributors

► Attach to Form 990, 990-EZ, or 990-PF.

OMB No. 1545-0047

Employer identification number

2009

NATIONAL ASSOCIATION OF CHILD CARE RESOURCE AND REFERRAL AGENCIES 94-3060756 Organization type (check one): Filers of: Section: X 501(c)(3) (enter number) organization Form 990 or 990-EZ 4947(a)(1) nonexempt charitable trust not treated as a private foundation 527 political organization Form 990-PF 501(c)(3) exempt private foundation 4947(a)(1) nonexempt charitable trust treated as a private foundation 501(c)(3) taxable private foundation Check if your organization is covered by the General Rule or a Special Rule. Note. Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions. **General Rule** For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. Special Rules For a section 501(c)(3) organization filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), and received from any one contributor, during the year, a contribution of the greater of (1) \$5,000 or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h or (ii) Form 990-EZ, line 1. Complete Parts I and II. For a section 501(c)(7), (8), or (10) organization filing Form 990 or 990 EZ that received from any one contributor, during the year, aggregate contributions of more than \$1,000 for use exclusively for religious, charitable, scientific, literary, or educational purposes, or the prevention of cruelty to children or animals. Complete Parts I, II, and III. For a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions for use exclusively for religious, charitable, etc., purposes, but these contributions did not aggregate to more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Do not complete any of the parts unless the General Rule applies to this organization because it received nonexclusively religious, charitable, etc., contributions of \$5,000 or more during the year. Caution. An organization that is not covered by the General Rule and/or the Special Rules does not file Schedule B (Form 990, 990-EZ, or 990-PF), but it must answer "No" on Part IV, line 2 of its Form 990, or check the box on line H of its Form 990-EZ, or on line 2 of its Form 990-PF, to certify that it does not meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

for Form 990, 990-EZ, or 990-PF.

LHA For Privacy Act and Paperwork Reduction Act Notice, see the Instructions

Schedule B (Form 990, 990-EZ, or 990-PF) (2009)

SCHEDULE C

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Political Campaign and Lobbying Activities

For Organizations Exempt From Income Tax Under section 501(c) and section 527

Complete if the organization is described below.

► Attach to Form 990 or Form 990-EZ. ► See separate instructions.

OMB No. 1545-0047 Open to Public Inspection

If the organization answered "Yes," to Form 990, Part IV, line 3, or Form 990-EZ, Part VI, line 46 (Political Campaign Activities), then

- Section 501(c)(3) organizations: Complete Parts I-A and B. Do not complete Part I-C.
- Section 501(c) (other than section 501(c)(3)) organizations: Complete Parts I-A and C below. Do not complete Part I-B.
- Section 527 organizations: Complete Part I-A only.

If the organization answered "Yes," to Form 990, Part IV, line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then

- Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)): Complete Part II-A. Do not complete Part II-B.
- Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)): Complete Part II-B. Do not complete Part II-A.

 Section 501(c)(4), (5), or (6) organization 		iaj, irien		
	L ASSOCIATION OF C	HILD CARE	Emr	oloyer identification number
	E AND REFERRAL AGE			94-3060756
	anization is exempt under		or is a section 527	
Provide a description of the organiz				
2 Political expenditures	·			\$
3 Volunteer hours				
Part I-B Complete if the org	anization is exempt under	section 501(c)((3).	
1 Enter the amount of any excise tax	incurred by the organization under	section 4955	>	\$
2 Enter the amount of any excise tax				
3 If the organization incurred a sectio	n 4955 tax, did it file Form 4720 for	this year?		Yes No
4a Was a correction made?	•••••			Yes No
b If "Yes," describe in Part IV.				
Part I-C Complete if the org	<u> </u>			
1 Enter the amount directly expended	by the filing organization for sectio	n 527 exempt func	tion activities	\$
2 Enter the amount of the filing organ		J		
				\$
3 Total exempt function expenditures			•	
4 Did the filing organization file Form				
5 Enter the names, addresses and er	, ,	•	-	
-	he amount paid from the filing organ vered to a separate political organiz			
(PAC). If additional space is needed	, , ,	adon, such as a se	parate segregated fund o	a political action committee
(a) Name		(a) EIN	(d) Amount paid from	(e) Amount of political
(a) Name	(b) Address	(c) EIN	(d) Amount paid from filing organization's	contributions received and
			funds. If none, enter -0	promptly and directly
	·			delivered to a separate political organization.
				If none, enter -0-,
17.17				
				•
	,			
	·			
For Privacy Act and Paperwork Redu	ction Act Notice, see the Instructi	ons for Form 990 c	or 990-EZ. Schedule	C (Form 990 or 990-EZ) 2009

932041 02-04-10

LHA

Part II-A Complete if the org	ganizatio	on is exer			94-3 ed Form 5768	060/56 Page 2
(election under sec	ction 501	(h)).	-			1
A Check ► X if the filing organiza	ation belon	gs to an affi	liated group.			
B Check ► ☐ if the filing organization	ation check	ed box A ar	nd "limited control" pro	visions apply.		
		bying Exper	nditures Ints paid or incurred.)	,	(a) Filing organization's totals	(b) Affiliated group totals
1a Total lobbying expenditures to inf	luence pub	lic opinion (grass roots lobbying)		1,618.	
b Total lobbying expenditures to inf					7,768.	
c Total lobbying expenditures (add	9,386.					
d Other exempt purpose expenditu					73213044.	
e Total exempt purpose expenditure	73222430.					
f Lobbying nontaxable amount. En	1,000,000.	PAGONIA PROCESS SOMEONIST SECURITY S				
If the amount on line 1e, column (a) or (b) is: Not over \$500,000 The lobbying nontaxable amount is: 20% of the amount on line 1e.						
Not over \$500,000						
Over \$500,000 but not over \$1,00	ess over \$500,000.					
Over \$1,000,000 but not over \$1,			0 plus 10% of the exc			
Over \$1,500,000 but not over \$17 Over \$17,000,000	7,000,000		0 plus 5% of the exce	ss over \$1,500,000.		
Over \$17,000,000		\$1,000,	000.			
g Grassroots nontaxable amount (e	nter 25% c	f line 1f)	· · · · · · · · · · · · · · · · · · ·		250,000.	
h Subtract line 1g from line 1a. If ze				***************************************	0.	
i Subtract line 1f from line 1c. If zer	•				0.	
j If there is an amount other than z	,		line 1i did the organiz			
reporting section 4911 tax for this		•			· [Yes No
		4-Year Ave at made a s	eraging Period Under ection 501(h) election e instructions for line	Section 501(h) n do not have to com	plete all of the five	
	Lob	oying Expe	nditures During 4-Yea	r Averaging Period		
Calendar year (or fiscal year beginning in)	(a)	2006	(b) 2007	(c) 2008	(d) 2009	(e) Total
2a Lobbying nontaxable amount			1,000,000.	1,000,000.	1,000,000.	3,000,000.
b Lobbying ceiling amount						4 500 000
(150% of line 2a, column(e))						4,500,000.
c Total lobbying expenditures			10,876.	11,378.	9,386.	31,640.
d Grassroots nontaxable amount			250,000.	250,000.	250,000.	750,000.
e Grassroots ceiling amount						112
(150% of line 2d, column (e))	10000500	e de la companya de				1,125,000.
			1	1	1	i

Schedule C (Form 990 or 990-EZ) 2009

1,162.

f Grassroots lobbying expenditures

484.

Schedule C (Form 990 or 990-EZ) 2009 RESOURCE AND REFERRAL AGENCIES 94-306075
| Part II-B | Complete if the organization is exempt under section 501(c)(3) and has NOT filed Form 5768 (election under section 501(h)).

		(6	a)		(b)
		Yes	No	An	nount
1	During the year, did the filing organization attempt to influence foreign, national, state or				
	local legislation, including any attempt to influence public opinion on a legislative matter	9			
	or referendum, through the use of:				
а	Volunteers?				
b	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?				
С	Media advertisements?	,			
d	Mailings to members, legislators, or the public?				
	Publications, or published or broadcast statements?				
	Grants to other organizations for lobbying purposes?				
	Direct contact with legislators, their staffs, government officials, or a legislative body?				
	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?			T	
	Other activities? If "Yes," describe in Part IV				
	Total. Add lines 1c through 1i	7.6 Table 19.	24	2	
2 a	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?		0.000,000,000		
	If "Yes," enter the amount of any tax incurred under section 4912		2 X X X X X X X X X X X X X X X X X X X	33	2000 N - 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2
	If "Yes," enter the amount of any tax incurred by organization managers under section 4912			<u> </u>	
	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?	7/W/63/79/4-105/	38KG2000000		
Pa	till-A Complete if the organization is exempt under section 501(c)(4), secti	on 501(c)	(5), or		
74817.00	501(c)(6).		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		
			·	Yes	No
1	Were substantially all (90% or more) dues received nondeductible by members?				
2	Did the organization make only in-house lobbying expenditures of \$2,000 or less?		2		
3 Pa	Did the organization agree to carryover lobbying and political expenditures from the prior year? tilliB Complete if the organization is exempt under section 501(c)(4), section 501(c)(4).	ion 501(c)(5), or		
Pa	Complete if the organization is exempt under section 501(c)(4), section 501(c)(6) if BOTH Part III-A, lines 1 and 2 are answered "No" OR if Pa"Yes."	ion 501(c art III-A, li)(5), or sine 3 is	answere	ed
Pa 1	Complete if the organization is exempt under section 501(c)(4), section 501(c)(6) if BOTH Part III-A, lines 1 and 2 are answered "No" OR if Pa" "Yes." Dues, assessments and similar amounts from members	ion 501(c art III-A, li)(5), or sine 3 is	answere	ed
Pa	Complete if the organization is exempt under section 501(c)(4), section 501(c)(6) if BOTH Part III-A, lines 1 and 2 are answered "No" OR if Pa"Yes." Dues, assessments and similar amounts from members Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenditures)	ion 501(c art III-A, li	3)(5), or sine 3 is	answere	ed
1 2	Complete if the organization is exempt under section 501(c)(4), section 501(c)(6) if BOTH Part III-A, lines 1 and 2 are answered "No" OR if Pa "Yes." Dues, assessments and similar amounts from members Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of polit expenses for which the section 527(f) tax was paid).	ion 501(c art III-A, li	3)(5), or sine 3 is	answere	ed
1 2	Complete if the organization is exempt under section 501(c)(4), section 501(c)(6) if BOTH Part III-A, lines 1 and 2 are answered "No" OR if Pa "Yes." Dues, assessments and similar amounts from members Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of polit expenses for which the section 527(f) tax was paid). Current year	ion 501(c nrt III-A, li	3)(5), or sine 3 is	answere	ed
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Schedule D

(Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

► Complete if the organization answered "Yes," to Form 990,

▶ Attach to Form 990. ▶ See separate instructions.

Part IV, line 6, 7, 8, 9, 10, 11, or 12.

Open to Public Inspection

OMB No. 1545-0047

NATIONAL ASSOCIATION OF CHILD CARE Name of the organization Employer identification number RESOURCE AND REFERRAL AGENCIES 94-3060756

Pai	organizations Maintaining Donor Advised organization answered "Yes" to Form 990, Part IV, line		is or Accounts. Complete if the
	3-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1	(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate contributions to (during year)		
3	Aggregate grants from (during year)		
4	Aggregate value at end of year		<u> </u>
5	Did the organization inform all donors and donor advisors in w		
	are the organization's property, subject to the organization's e	xclusive legal control?	Yes No
6	Did the organization inform all grantees, donors, and donor ad	visors in writing that grant funds can b	e used only
	for charitable purposes and not for the benefit of the donor or		e conferring
	impermissible private benefit?		Yes No
Pa	Conservation Easements. Complete if the organic	unization answered "Yes" to Form 990,	Part IV, line 7.
1	Purpose(s) of conservation easements held by the organization		
	Preservation of land for public use (e.g., recreation or ple	easure) Preservation of an h	istorically important land area
	Protection of natural habitat	Preservation of a ce	rtified historic structure
	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a qualifie	ed conservation contribution in the forr	n of a conservation easement on the last
	day of the tax year.		Constants.
			Held at the End of the Tax Year
a	_		
b	Total acreage restricted by conservation easements		2b
_	Number of conservation easements on a certified historic stru		
d 3	Number of conservation easements included in (c) acquired at		
3	Number of conservation easements modified, transferred, relevant	ased, extinguished, or terminated by the	he organization during the tax
4	Number of states where property subject to conservation ease		
5	Does the organization have a written policy regarding the period		
J	violations, and enforcement of the conservation easements it		
6	Staff and volunteer hours devoted to monitoring, inspecting, a		
7	Amount of expenses incurred in monitoring, inspecting, and e		
8	Does each conservation easement reported on line 2(d) above		
	and section 170(h)(4)(B)(ii)?		
9	In Part XIV, describe how the organization reports conservation	n easements in its revenue and expen-	se statement, and balance sheet, and
	include, if applicable, the text of the footnote to the organization		
	conservation easements.		
Pa	rt III Organizations Maintaining Collections of	Art, Historical Treasures, or	Other Similar Assets.
	Complete if the organization answered "Yes" to Form 9	90, Part IV, line 8.	
1a	If the organization elected, as permitted under SFAS 116, not	to report in its revenue statement and	balance sheet works of art, historical
	treasures, or other similar assets held for public exhibition, ed	ucation, or research in furtherance of p	public service, provide, in Part XIV, the text of
	the footnote to its financial statements that describes these its		
b	If the organization elected, as permitted under SFAS 116, to re	eport in its revenue statement and bala	ance sheet works of art, historical treasures,
	or other similar assets held for public exhibition, education, or	research in furtherance of public servi-	ce, provide the following amounts relating to
	these items:		
	(i) Revenues included in Form 990, Part VIII, line 1		> \$
_	(ii) Assets included in Form 990, Part X		> \$
2	If the organization received or held works of art, historical trea-		ial gain, provide
	the following amounts required to be reported under SFAS 11	6 relating to these items:	
a	Revenues included in Form 990, Part VIII, line 1		> \$ <u>.</u>
b	Assets included in Form 990, Part X		> \$

LHA For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990. 932051 02-01-10

Schedule D (Form 990) 2009

	IMITONAL	ADD.	CIMITON	Or	CUTID	CAL
e D (Form 990) 2009	RESOURCE	AND	REFERRAL	A	GENCIES	;

Par	till Organizations Maintaining C	ollections of A	t, Hist	orical Tr	easures, c	or Othe	er Simil	ar Asse	ts (contin	ued)
	Using the organization's acquisition, accession									
	(check all that apply):	•		*						
а	Public exhibition	d		Loan or exc	hange progra	ıms				
b	Scholarly research	е								
С	Preservation for future generations									
4	Provide a description of the organization's co	ollections and explain	n how th	ev further t	the organizatio	on's exe	mpt purp	ose in Par	t XIV.	
5	During the year, did the organization solicit o									
	to be sold to raise funds rather than to be ma								Yes	☐ No
Par	Part IV Escrow and Custodial Arrangements. Complete if organization answered "Yes" to Form 990, Part IV, line 9, or									
	reported an amount on Form 990, Par		•					•		
1a	Is the organization an agent, trustee, custodi	an or other intermed	liary for	contributio	ns or other as	sets not	included			,
	on Form 990, Part X?		•						Yes	☐ No
b	If "Yes," explain the arrangement in Part XIV									
		·	•						Amount	
С	Beginning balance						1c			
d	Additions during the year						1d			
е	Distributions during the year						1e			
f.	Ending balance									
2a	Did the organization include an amount on Fo	orm 990. Part X. line	21?						Yes	No.
	If "Yes," explain the arrangement in Part XIV.				• • • • • • • • • • • • • • • • • • • •		************			
Par	t V Endowment Funds. Complete it	f the organization an	swered	"Yes" to Fo	orm 990. Part	IV. line 1	0.			
		(a) Current year		rior year	(c) Two year			vears back	(e) Four v	ears back
1a	Beginning of year balance	X-/			(-)		OR MODEL COLUMN TO SERVICE	/	\-//	
	Contributions	····			700 0 7 (A. JOH) 100 A. JOH JOH CO.	2.0		4.0	2.94	
	Net investment earnings, gains, and losses					7.55	1111 2000 97 107		7.0	
	Grants or scholarships								8 8 8 8	100000
	Other expenditures for facilities			· · · · · · · · · · · · · · · · · · ·		8.2	14.72			
•	and programs									
f	Administrative expenses									
g g	End of year balance					2.2.2				
2	Provide the estimated percentage of the yea	r end balance held a		• •	\$\$00.000.0000.00000	2 (Names of the			1 11 2 2 2 2 2 2 Value 10 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	MANUSCO SERVICES
	Board designated or quasi-endowment		%							
	Permanent endowment	%	– ′°							
		^{/0}								
	Are there endowment funds not in the posse		ation tha	at are held:	and administe	red for t	he organ	ization		
	by:	ocion or the organiz	u	at are from	aria aariiinoto		o o gair			res No
	(i) unrelated organizations								_	
	7175 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 -								2 (11)	
b	If "Yes" to 3a(ii), are the related organization:									
4	Describe in Part XIV the intended uses of the									
	t VI Investments - Land, Building				D. Part X. line	10.				
Desvers	Description of investment	(a) Cost or o			t or other		ccumulat	ed	(d) Book	value
	Becomption of invocations	basis (investi			(other)		preciation		(4, 200	70.00
12	Land									-
	Buildings						ocarteers A 60°CS (J.	ann##7628##C		
	Leasehold improvements			 	15,786.		4.8	342.	10	944.
	Equipment				18,963.		489,1			776.
	Other				32,309.		211,3			958.
	1. Add lines 1a through 1e. (Column (d) must e		X colu			L				L,678.
rota	i. Add miles Ta through Te, (Column (d) must e	guari omi 330, Pan	A, COIUI	nir (D), iirie	, U(U)./				- 55.	-, -, -, -,

Schedule D (Form 990) 2009

Part VII Investments - Other Securities. Se	ee Form 990, Part X, line	12.	<u> </u>
(a) Description of security or category (including name of security)	(b) Book value	(c) Meth	od of valuation: of-year market value
Financial derivatives			
Closely-held equity interests			
Other			
			-
	·		
	† 		
		,	·····
	 		
Total. (Col (b) must equal Form 990, Part X, col (B) line 12.)	-		
Part VIII Investments - Program Related.	Con Form 000 Part V lim	- 12	
			od of valuation:
(a) Description of investment type	(b) Book value		of-year market value
		0331313131	Try out that to take
			
* 1			•
Total. (Col (b) must equal Form 990, Part X, col (B) line 13.)			
Part IX Other Assets. See Form 990, Part X, line	e 15.		
(a) Description		(b) Book value
Total. (Column (b) must equal Form 990, Part X, col (B) lin	15)		
Part X Other Liabilities. See Form 990, Part X	line 25		
1. (a) Description of liability	, 1876 20.	(b) Amount	
Federal income taxes		(B) / thousand	
DEFERRED RENT		853,198.	
DEL BILLED KILLI		333,198.	
Total. (Column (b) must equal Form 990, Part X, col (B) lin	ne 25.)	853,198.	

^{2.} FIN 48 Footnote. In Part XIV, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48. 932053 02-01-10

)	Total adjustments (net). Add lines 4 through 8			71,	998		
)	Excess or (deficit) for the year per audited financial statements. Combine lines 3 and			109,	873		
ar	t XII Reconciliation of Revenue per Audited Financial Statemen	Return	1				
1	Total revenue, gains, and other support per audited financial statements			1	77,	794,	224
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			3332	_		
а	Net unrealized gains on investments	2a	71,998	•			
	Donated services and use of facilities	2b					
	Recoveries of prior year grants	2c					
	Other (Describe in Part XIV.)	2d					
	Add lines 2a through 2d			2e			998
3	Subtract line 2e from line 1			3	77,	722,	226
Ļ	Amounts included on Form 990, Part VIII, line 12, but not on line 1:						
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a					
b	Other (Describe in Part XIV.)	4b					
С	Add lines 4a and 4b			4c			0
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)			5	77,	722,	226
aı	Reconciliation of Expenses per Audited Financial Statement	nts With Ex	oenses pe	r Retu	rn		
ı	Total expenses and losses per audited financial statements			1	74,	684,	351
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:						
а	Donated services and use of facilities	2a					
	Prior year adjustments	2b					
	Other losses	2c					
	Other (Describe in Part XIV.)	. 2d					

Part XIV Supplemental Information

4 Amounts included on Form 990, Part IX, line 25, but not on line 1:

Complete this part to provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, line 8; Part XII, lines 2d and 4b; and Part XIII, lines 2d and 4b. Also complete this part to provide any additional information. PART X: THE ASSOCIATION IS EXEMPT FROM FEDERAL INCOME TAXES ON

e Add lines 2a through 2d

a Investment expenses not included on Form 990, Part VIII, line 7b 4a b Other (Describe in Part XIV.) c Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)

3 Subtract line 2e from line 1

ITS EXEMPT ACTIVITIES UNDER THE PROVISIONS OF SECTION 501(C)(3) OF THE INTERNAL REVENUE CODE. IN ADDITION, THE ASSOCIATION QUALIFIES UNDER SECTION 509(A)(2) AS AN ORGANIZATION OTHER THAN A PRIVATE FOUNDATION. HOWEVER, THE ASSOCIATION MAY BE SUBJECT TO TAX ON ITS UNRELATED BUSINESS INCOME ACTIVITIES.

THE ASSOCIATION BELIEVES THAT IT HAS APPROPRIATE SUPPORT FOR ANY TAX

Schedule D (Form 990) 2009

74,684,

77,722,226.

74,684,351.

3,037,875.

71,998.

932054 02-01-10

Part XIV Supplemental Information (continued)
POSITIONS TAKEN, AND THEREFORE DID NOT IDENTIFY ANY UNCERTAIN TAX
POSITIONS THAT ARE MATERIAL TO THE FINANCIAL STATEMENTS DURING EACH OF THE
YEARS ENDED SEPTEMBER 30, 2010 AND 2009. AT A MINIMUM, THE 2007 THROUGH
2010 TAX YEARS ARE OPEN FOR EXAMINATION BY TAXING AUTHORITIES.

SCHEDULE I (Form 990)

Grants and Other Assistance to Organizations,
Governments, and Individuals in the United States

2009

Department of the Treasury Internal Revenue Service Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.

► Attach to Form 990.

Open to Public Inspection

Name of the organization NATIONAL	ASSOCIATI	ON OF CHILD RAL AGENCIE	CARE				Employer identification number 94-3060756
Part I General Information on Grants a		110211021					
Does the organization maintain records criteria used to award the grants or assistance. Percribe in Part IV the organization's pro-	to substantiate the stance?	oring the use of grant	funds in the Unite	d States.			X Yes No
Part II Grants and Other Assistance to	Governments and	l Organizations in the	e United States. 🤇	Complete if the org	anization answered "Y	es" to Form 990, Part	IV, line 21, for any
recipient that received more than 1 (a) Name and address of organization or government	\$5,000. Check this (b) EIN	box if no one recipier (c) IRC section if applicable	(d) Amount of cash grant	nan \$5,000. Use Pi (e) Amount of non-cash assistance	art IV and Schedule I- (f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant
,				:	,		
							·
2 Enter total number of section 501(c)(3) a 3 Enter total number of other organization LHA For Privacy Act and Paperwork Redu	ıs						Schedule I (Form 990) 2009

NATIONAL ASSOCIATION OF CHILD CARE

SCHEDULE I, PART III LINE A: FEE ASSISTANCE FOR CHILD CARE SERVICES FOR

ELIGIBLE MILITARY, AMERICORPS, AND VITA MEMBERS.

RESOURCE AND REFERRAL AGENCIES

94 - 3060756

Page 2 Schedule I (Form 990) 2009 Part III Grants and Other Assistance to Individuals in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 22. Use Part IV and Schedule I-1 (Form 990) if additional space is needed. (b) Number of (d) Amount of non-(e) Method of valuation (book, FMV, appraisal, other) (f) Description of non-cash assistance (a) Type of grant or assistance (c) Amount of recipients cash grant cash assistance FEE ASSISTANCE 41,636,288 Part IV Supplemental Information, Complete this part to provide the information required in Part I, line 2, and any other additional information. SCHEDULE I, PART I, LINE 2: NACCRRA PROVIDES FEE ASSISTANCE FOR CHILD CARE TO ELIGIBLE MILITARY, AMERICORPS, AND VISTA MEMBERS. BOTH PROVIDERS AND PARTICIPANTS MUST COMPLETE APPLICATION FORMS IN ORDER FOR ELIGIBILITY TO BE DETERMINED. AFTER APPROVAL, NACCRRA PAYS THE APPLICABLE FEE ASSISTANCE UPON ATTENDANCE SHEETS SIGNED BY BOTH THE PARENT AND PROVIDER.

SCHEDULE J (Form 990)

Department of the Treasury Internal Revenue Service

Compensation Information

For certain Officers, Directors, Trustees, Key Employees, and Highest

Compensated Employees

Complete if the organization answered "Yes" to Form 990, Part IV, line 23.

OMB No. 1545-0047

Open to Public Inspection

Name of the organization

► Attach to Form 990. ► See separate instructions.

NATIONAL ASSOCIATION OF CHILD CARE RESOURCE AND REFERRAL AGENCIES

Employer identification number 94-3060756

Pa	Questions Regarding Compensation			
			Yes	No
1 a	Check the appropriate box(es) if the organization provided any of the following to or for a person listed in Form 990,			76.25
	Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.			
	First-class or charter travel Housing allowance or residence for personal use			
	Travel for companions Payments for business use of personal residence		201	
	Tax indemnification and gross-up payments Health or social club dues or initiation fees			
	Discretionary spending account Personal services (e.g., maid, chauffeur, chef)			
b	If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or			
	reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain	1b		
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all officers, directors,			ĺ
	trustees, and the CEO/Executive Director, regarding the items checked in line 1a?	2		L
3	Indicate which, if any, of the following the organization uses to establish the compensation of the organization's			
	CEO/Executive Director. Check all that apply.			
	Compensation committee X Written employment contract			
	Independent compensation consultant Independent compensation consultant Independent compensation consultant Independent compensation consultant			
	Form 990 of other organizations X Approval by the board or compensation committee			
4	During the year, did any person listed in Form 990, Part VII, Section A, line 1a, with respect to the filing			
	organization or a related organization:			
а	Receive a severance payment or change-of-control payment?	4a		X
b	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	4b		X
С	Participate in, or receive payment from, an equity-based compensation arrangement?	4c		X
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.			
	Only section 501(c)(3) and 501(c)(4) organizations must complete lines 5-9.			
5	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation.			
	contingent on the revenues of:			
а	The organization?	5a		X
b	Any related organization?	5b		X
	If "Yes" to line 5a or 5b, describe in Part III.			
6	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation			
	contingent on the net earnings of:			
а	The organization?	6a		X
b	Any related organization?	6b		X
	If "Yes" to line 6a or 6b, describe in Part III.			233
7	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments		1	1
	not described in lines 5 and 6? If "Yes," describe in Part III	7		X
8	Were any amounts reported in Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the			
	initial contract exception described in Regs. section 53.4958-4(a)(3)? If "Yes," describe in Part III	8		X
9	If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in			
	Regulations section 53.4958-6(c)?	9	1	

LHA For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule J (Form 990) 2009

Partill Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use Schedule J-1 if additional space is needed.

For each individual whose compensation must be reported in Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii). Do not list any individuals that are not listed on Form 990, Part VII.

Note. The sum of columns (B)(i)-(iii) must equal the applicable column (D) or column (E) amounts on Form 990, Part VII, line 1a.

(A) Name		(B) Breakdown of	W-2 and/or 1099-MI	SC compensation	(C) Retirement and	(D) Nontaxable	(E) Total of columns	(F) Compensation
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	other deferred compensation	benefits	(B)(i)-(D)	reported in prior Form 990 or Form 990-EZ
	(i)	190,134.	39,722.	15,600.	10,374.	7,200.	263,030.	236,023.
LINDA SMITH	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)			-				
	(ii)							
	(i)							
	(ii) (i)							
·	(ii)							
	(i)				*			
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Schedule J (Form 990) 2009

SCHEDULE O

(Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Information to Form 990

Complete to provide information for responses to specific questions on Form 990 or to provide any additional information.

Attach to Form 990.

OMB No. 1545-0047
2009
Open to Public

Name of the organization

NATIONAL ASSOCIATION OF CHILD CARE RESOURCE AND REFERRAL AGENCIES

Employer identification number 94-3060756

FORM	990,	PART	'. I ,	LIN	<u> </u>	DES	CRIE	OIT	OF	ORGA	MIZA	1017	MIS	SSION	:		
LEARI	NING	SERVI	CES	AND	то	PRO	/IDE	VIS	ON,	LEAI	DERSH:	ſΡ,	AND	SUPPO	ORT	то	THE
NATIO	ONWID	E NET	WORI	OF	CHI	LD (CARE	RESC	URCE	ANI	REF	ERR <i>I</i>	AL AC	GENCI	ES.		
FORM	990,	PART	· II]	[, L]	INE	4D,	OTHE	ER PE	ROGRA	M SI	ERVICI						

OTHER PROGRAM SERVICES INCLUDE ANNUAL CONFERENCE SUCH AS THE NATIONAL

POLICY SYMPOSIUM LEADERSHIP AND MANAGEMENT INSTITUTE, AND THE

PROFESSIONAL DEVELOPMENT INSTITUTE. ALSO INCLUDES MEMBERSHIP, NACCRRA'S

SUITE OF DATA SERVICES WHICH ASSIST CCR&R'S AS A REFERRAL TRACKING

SYSTEM, NACCRRA'S E-LEARNING SOLUTION FOR ONLINE TRAINING AND MEETING

NEEDS, & NACCRRA QUALITY ASSURANCE WHICH GUIDES CCR&RS AND STATE

NETWORKS TOWARDS CONTINUOUS QUALITY

ASSURANCE AND EXCELLENCE IN SERVICE DELIVERY.

EXPENSES \$ 4400516. INCLUDING GRANTS OF \$ 0. REVENUE \$ 3403372.

FORM 990, PART VI, SECTION A, LINE 4: NACCRRA MADE A CHANGE TO THE BYLAWS.

FORM 990, PART VI, SECTION A, LINE 6: NACCRRA HAS TWO CATEGORIES OF

VOTING MEMBERS; (1) CHILD CARE RESOURCE AND REFERRAL AGENCIES (CCR&RS) AND

(2) STATE NETWORKS. THE BOARD MAY ESTABLISH ADDITIONAL NONVOTING MEMBER

CATEGORIES, WHICH INCLUDE ORGANIZATIONS, NETWORKS, OR INDIVIDUALS. CCR&RS

AND THE STATE NETWORKS THAT SUPPORT THEM, ARE APPROVED FOR MEMBERSHIP IN

THE SOLE DISCRETION OF THE BOARD OF DIRECTORS. CCR&RS ARE DEFINED AS AN

ORGANIZATION WHOSE STATED PURPOSE INCLUDES DELIVERING INFORMATION-BASED

SERVICES TO FAMILIES, CHILD CARE PROVIDERS, AND THE COMMUNITY. STATE

LHA For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990. 932211 02-03-10

Schedule O (Form 990) 2009

SCHEDULE O

(Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Information to Form 990

Complete to provide information for responses to specific questions on Form 990 or to provide any additional information.

Attach to Form 990.

2009
Open to Public Inspection

Name of the organization

NATIONAL ASSOCIATION OF CHILD CARE RESOURCE AND REFERRAL AGENCIES

Employer identification number 94-3060756

NETWORKS ARE DEFINED AS ORGANIZATIONS WHOSE STATED PURPOSE INCLUDES

DEVELOPING HIGH QUALITY STATEWIDE CCR&R SERVICES AND PROMOTING POLICIES AND

PROGRAMS THAT FACILITATE ACCESS TO AFFORDABLE, QUALITY CHILD CARE FOR ALL

CHILDREN AND FAMILIES IN THE STATE.

FORM 990, PART VI, SECTION A, LINE 7A: EACH MEMBER THAT IS ENTITLED TO

VOTE IS ENTITLED TO ONE VOTE THROUGH ITS MEMBER® REPRESENTATIVE ON EACH

MATTER SUBMITTED TO A VOTE OF THE MEMBERS. VOTING AT A MEETING OF THE

MEMBERS MAY BE BY VOICE VOTE OR BY BALLOT, EXCEPT AN ELECTION FOR

DIRECTORS, WHICH MUST BE BY WRITTEN BALLOT.

FORM 990, PART VI, SECTION A, LINE 7B: IF ANY ACTION REQUIRED OR PERMITTED TO BE TAKEN BY THE MEMBERS MAY BE TAKEN WITHOUT A MEETING, IF 25 PERCENT OF ALL MEMBERS ELIGIBLE TO VOTE SHALL INDIVIDUALLY OR COLLECTIVELY CONSENT IN WRITING TO THE ACTION.

FORM 990, PART VI, SECTION B, LINE 11: AFTER THE DRAFT VERSION OF THE IRS

FORM 990 IS REVIEWED BY THE AUDIT COMMITTEE, IT IS SUBMITTED TO THE BOARD

OVER A SECURE WEBSITE FOR REVIEW AND COMMENTS. SIGNIFICANT CHANGES ARE

REVIEWED WITH THE AUDIT COMMITTEE BEFORE SUBMISSION.

FORM 990, PART VI, SECTION B, LINE 12C: NACCRRA STAFF AND BOARD MEMBERS

ARE REQUIRED TO COMPLETE A CONFLICT OF INTEREST STATEMENT ON AN ANNUAL

BASIS. ANY STAFF-RELATED CONFLICT OF INTEREST IS REVIEWED BY THE EXECUTIVE

DIRECTOR. BOARD MEMBERS ARE TRAINED TO ABSTAIN IN MEETINGS AFTER

DISCLOSURE OF CONFLICT OF INTEREST.

LHA For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule O (Form 990) 2009

SCHEDULE 0

(Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Information to Form 990

Complete to provide information for responses to specific questions on Form 990 or to provide any additional information.

▶ Attach to Form 990.

2009
Open to Public
Inspection

Name of the organization

NATIONAL ASSOCIATION OF CHILD CARE RESOURCE AND REFERRAL AGENCIES

Employer identification number 94-3060756

FORM 990, PART VI, SECTION B, LINE 15: NACCRRA SALARY GRADES ARE BASED ON
JOB DESCRIPTIONS, EMPLOYEE EXPERIENCE AND QUALIFICATIONS, MARKET ANALYSIS &
TRENDS FROM PUBLISHED NON PROFIT GUIDES, AND FEDERAL GOVERNMENT
COMPENSATION SYSTEMS. JOB DESCRIPTIONS ARE PREPARED BY SUPERVISORY STAFF
AND REVIEWED BY HUMAN RESOURCES TO DETERMINE SALARY LEVELS. THE SALARIES
OF THE EXECUTIVE DIRECTOR AND CHIEF FINANCIAL OFFICER ARE DETERMINED BY THE
BOARD OF DIRECTORS BASED ON THE FACTORS LISTED ABOVE AND WITHIN BUDGET
CONSTRAINTS. STAFF COMPENSATION IS REVIEWED BY THE EXECUTIVE DIRECTOR,
CHIEF FINANCIAL OFFICER, CHIEF OF PROGRAMS, AND HUMAN RESOURCES WITH FINAL
APPROVAL MADE BY THE EXECUTIVE DIRECTOR WITHIN BUDGET CONSTRAINTS.
FORM 990, PART VI, SECTION C, LINE 19: THE ORGANIZATION'S GOVERNING
DOCUMENTS, CONFLICT OF INTEREST POLICY, AND FINANCIAL STATEMENTS ARE MADE
AVAILABLE TO THE PUBLIC UPON REQUEST.

Asset					Description	of property		
Number	Date placed in service	Method/ IRC sec.	. or rate	Line No.	Cost or other basis	Basis reduction	Accumulated depreciation/amortization	Current year deduction
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Form **8868**

(Rev. April 2009)

Department of the Treasury Internal Revenue Service

Application for Extension of Time To File an Exempt Organization Return

File a separate application for each return.

OMB No. 1545-1709

• If yo	u are filing for an Automatic 3-Month Extension, complete only Part I and check this box			ightharpoons X
	u are filing for an Additional (Not Automatic) 3-Month Extension, complete only Part II (on page 2 of this			
Do not	complete Part II unless you have already been granted an automatic 3-month extension on a previously fi	ed Forr	n 8868.	
Part	Automatic 3-Month Extension of Time. Only submit original (no copies needed).			
A corp	oration required to file Form 990-T and requesting an automatic 6-month extension - check this box and com	plete		
Part I d	· · · · · · · · · · · · · · · · · · ·			
	er corporations (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request ar			
Electronoted (not au	ncome tax returns. onic Filing (e-file). Generally, you can electronically file Form 8868 if you want a 3-month automatic extension below (6 months for a corporation required to file Form 990-T). However, you cannot file Form 8868 electron tomatic) 3-month extension or (2) you file Forms 990-BL, 6069, or 8870, group returns, or a composite or court submit the fully completed and signed page 2 (Part II) of Form 8868. For more details on the electronic files, sov/efile and click on e-file for Charities & Nonprofits.	cally if (nsolida	1) you want the ed Form 990-T	e additional
Туре		Emplo	yer identificat	ion number
print	NATIONAL ASSOCIATION OF CHILD CARE			_
File by th	RESOURCE AND REFERRAL AGENCIES	94	<u>l-306075</u>	6
due date filing you return. S	1 1515 N. COURTHOUSE ROAD. 11TH FLOOR			
instruction	City, town or post office, state, and ZIP code. For a foreign address, see instructions.			
	ARLINGTON, VA 22201			
Check	type of return to be filed (file a separate application for each return):			
	Form 990 Form 990-T (corporation) Form 45 Form 990-BL Form 990-T (sec. 401(a) or 408(a) trust) Form 55 Form 990-EZ Form 990-T (trust other than above) Form 66 Form 990-PF Form 1041-A Form 86	227 069		
Tele If the	MIKE NOSIL books are in the care of ▶ 1515 N . COURTHOUSE RD , 11TH FLOOR - ARI sphone No. ▶ 703-341-4150 FAX No. ▶ the organization does not have an office or place of business in the United States, check this box this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) . If the I if it is for part of the group, check this box ▶ □ and attach a list with the names and EINs of all	is is for	the whole grou	p, check this
	request an automatic 3-month (6-months for a corporation required to file Form 990-T) extension of time un MAY 15, 2011 , to file the exempt organization return for the organization named as for the organization's return for: Calendar year or X tax year beginning OCT 1, 2009 , and ending SEP 30, 2010		The extension	
2	If this tax year is for less than 12 months, check reason: Initial return Final return		Change in acco	ounting period
	If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any	3.		· · ·
	nonrefundable credits. See instructions. If this application is for Form 990-PF or 990-T, enter any refundable credits and estimated	3a	\$	
	tax payments made. Include any prior year overpayment allowed as a credit.	3b	\$	
	Balance Due. Subtract line 3b from line 3a. Include your payment with this form, or, if required,	30		
	deposit with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System).			
	See instructions.	3c	\$	N/A
_				
Cauti	on. If you are going to make an electronic fund withdrawal with this Form 8868, see Form 8453-EO and Forr	n 8879-	±∪ for paymen	t instructions.
ΙЫΛ	For Drivery Act and Denogwork Reduction Act Notice and Instructions		Form 99	68 (Rev. 4-2009

Form 8	3868 (Rev. 4-2009)			Page 2						
• If y	ou are filing for an Additional (Not Automatic) 3-Month Extension, complete only Part II and check this b	οx		▶ [X]						
	Only complete Part II if you have already been granted an automatic 3-month extension on a previously file									
• If y	ou are filing for an Automatic 3-Month Extension, complete only Part I (on page 1).	<i></i>	3000.							
Partill Additional (Not Automatic) 3-Month Extension of Time. Only file the original (no copies needed).										
T	Name of Exempt Organization	Empl	oyer identif	ication number						
Type	or NATIONAL ASSOCIATION OF CHILD CARE	Ì	•							
print	RESOURCE AND REFERRAL AGENCIES	9	4-3060	756						
File by extende	Number, street, and room or suite no. If a P.O. box, see instructions.	For IF	RS use only	100.00						
due dat filing th	e 1313 N. COOKINOODE KOAD, 1111 PLOOK									
return.	See City, town or post office, state, and ZIP code. For a foreign address, see instructions.									
	ARLINGTON, VA 22201									
	k type of return to be filed (File a separate application for each return):									
<u> </u>	Form 990 Form 990-EZ Form 990-T (sec. 401(a) or 408(a) trust) Form 1041-A	Щ Fo	rm 5227	Form 8870						
لـــا	Form 990-BL Form 990-PF Form 990-T (trust other than above) Form 4720	└── Fo	rm 6069							
STOP	P! Do not complete Part It if you were not already granted an automatic 3-month extension on a previo	usly file	d Form 886	8.						
	MIKE NOSIL									
• Th	e books are in the care of ▶ 1515 N. COURTHOUSE RD, 11TH FLOOR - AR	L.T.N.C.	m∩N1 1/	አ 22201						
	lephone No. ► 703-341-4150 FAX No. ►	DING	10N, V.	A 22201						
	the organization does not have an office or place of business in the United States, check this box									
	this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) If t			P Land						
	. If it is for part of the group, check this box ▶ and attach a list with the names and EINs of a									
4	I request an additional 3-month extension of time until AUGUST 15, 2011	THEITID	ers the exter	131011 13 101.						
5	For calendar year, or other tax year beginning OCT 1, 2009 and ending	SEP	30, 2	010						
6	If this tax year is for less than 12 months, check reason: Initial return Final return			ccounting period						
7	State in detail why you need the extension		J	01						
	THE INFORMATION NECESSARY TO FILE A COMPLETE AND									
	ACCURATE RETURN HAS NOT YET BEEN OBTAINED.									
8a	If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any									
	nonrefundable credits. See instructions.	8a	\$							
b	If this application is for Form 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated									
	tax payments made. Include any prior year overpayment allowed as a credit and any amount paid									
	previously with Form 8868.	8b	\$							
С	Balance Due. Subtract line 8b from line 8a. Include your payment with this form, or, if required, deposit									
	with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions	. 8c	\$	N/A						
	Signature and Verification									
Under it is tri	penalties of perjury, I declare that I have examined this form, including accompanying schedules and statements, and to t ue, correct, and complete, and that I am authorized to prepare this form.	ne best o	f my knowled	ge and belief,						
	ture ▶ Title ▶ CPA	Date	•							

923832 05-26-09

Form 8868 (Rev. 4-2009)